

STATEMENT OF PERSONAL HISTORY
(See Privacy Act statement on page 4)

OMB No.: **3090-0006**

Expires: **09/30/97**

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Security Division (PSS), Office of Federal Protective Service, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (3090-0006), Washington, DC 20503.

NOTE: All sections must be completed. If more space is needed for any item, continue under Item 23.

2. NAME
DATA
(Give your full name. Initials and abridgements are not acceptable)

NAME (Last, first, middle)

OTHER NAMES USED (Maiden name, names by former marriages, former name changed legally or otherwise, nicknames, etc. Specify which, and show dates used.)

1. SOCIAL SECURITY NUMBER

3. DATE OF BIRTH

4. PLACE OF BIRTH

5. SEX

☐ MALE

☐ FEMALE

6. HEIGHT

7. WEIGHT

8. COLOR EYES

9. COLOR HAIR

10. MARTIAL STATUS

- ☐ SINGLE
☐ WIDOW(ER)
☐ MARRIED
☐ DIVORCED

11. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE, AND DATE AND PLACE OF MARRIAGE. INCLUDE WIFE'S MAIDEN NAME (Give same information regarding all previous marriages.)

12. RACE (Check one)

A - Asian or Pacific, including Chinese, Japanese, Filipinos, Polynesians, Indonesians, and Asian Indians

H - Hispanic

B - Black

W - White

I - American Indian or Alaskan Native, including Eskimos

O - Other

13. DATES AND PLACES OF RESIDENCE (If actual places of Residence differ from the Mailing addresses, furnish and identify both by placing "R" (for residence) or "M" (for mailing) in column "R/M". Begin with present and go back (10) years. Continue in Item 23 if necessary.)

| R/M | FROM | TO | NUMBER AND STREET | CITY | STATE | ZIP CODE (5+4) |
|-----|------|----|-------------------|------|-------|----------------|
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| 14. MILITARY SERVICE (Past or Present) | SERIAL NO. (If none, give grade or rating at separation.) | BRANCH OF SERVICE (Army, Navy, Air Force, Etc.) | YEAR | |
|---|--|--|------|----|
| | | | FROM | TO |
| | | | | |

| 15. CHECK | BY BIRTH | A. CERT. NO. | B. PETITION NO. | C. DATE | D. PLACE AND COURT |
|--------------|------------------------------------|-----------------------------------|-----------------|---------------|--------------------|
| U.S. CITIZEN | NATURALIZED (Complete A thru D) | | | | |
| | DERIVED (Complete E) | E. PARENT'S CERTIFICATION NUMBERS | | | |
| ALIEN | REGISTRATION NO. | NATIVE COUNTRY | DATE OF ENTRY | PORT OF ENTRY | |

16. EDUCATION (All schools above elementary)

| NAME OF SCHOOL | ADDRESS | YEAR | | DEGREES |
|----------------|---------|------|----|---------|
| | | FROM | TO | |
| | | | | |

17. EMPLOYMENT (List employment dates starting with your present employment for the last ten (10) years. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

| FROM | TO | NAME OF EMPLOYER (Firm or agency) AND NAME OF SUPERVISOR | TYPE OF WORK | ADDRESS (Where employed) | REASON FOR LEAVING |
|------|----|---|--------------|-----------------------------|-----------------------|
| | | | | | |

18a. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION FOR CAUSE?

☐ YES ☐ NO (If answer is "YES," furnish details in Item 23)

18b. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS?

☐ YES ☐ NO (If answer is "YES," furnish details in Item 23)

19. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, MILITARY LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE? (Do not include traffic violations for which a fine of \$25

☐ YES ☐ NO (If answer is "YES," furnish details in below)

| REASON CHARGED OR HELD | DATE | PLACE WHERE CHARGED OR HELD | DISPOSITION |
|------------------------|------|-----------------------------|-------------|
| | | | |

20. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES FOR ANY CRIME INVOLVING A CHILD? (All other charges must be included in Item 19 even if they were dismissed.)

☐ YES ☐ NO (If answer is "YES," furnish details below)

| REASON CHARGED OR HELD | DATE | PLACE WHERE CHARGED OR HELD | DISPOSITION |
|------------------------|------|-----------------------------|-------------|
| | | | |

21. RELATIVES (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is deceased, so state under "Address" and enter other information at time of death.)

| RELATION | NAME IN FULL | YEAR OF BIRTH | ADDRESS | COUNTRY OF BIRTH | PRESENT CITIZENSHIP |
|----------|--------------|---------------|---------|------------------|---------------------|
| | | | | | |

22. REFERENCES (Name three persons, not relatives or employers, who are well acquainted with you.)

| NAME | ADDRESS | YEARS KNOWN |
|------|---------|-------------|
| | | |

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|---|---|--|-------------|
| <p>24. AUTHORIZATION AND RELEASE</p> | <p>I hereby authorize the General Services Administration to obtain any information required from the Federal government of state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Immigration and Naturalization Service (INS), (if applicable), and from the State Criminal History Repository (childcare employees only) of each State where I have resided.</p> <p>I have been notified of any employer's obligation to require a criminal history records check as a condition of employment and of my right to obtain a copy of the criminal history report by writing to the General Services Administration, Freedom of Information Officer. I understand that I have a right to challenge the accuracy and competencies of any information contained in the report. I also understand that this information will be treated as privileged and confidential information. Case files are handled under the procedures for safeguarding records outlined in the Handbook, General Services Administration Privacy Act Program (OAD P 1878.8).</p> <p>I release any individual, including records custodians, any component of the U.S. Government, or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p> | | |
| <p>25. PRIVACY ACT OF 1974 COMPLIANCE INFORMATION</p> | <p>Privacy Act of 1974 compliance information. Solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Your social security number is being requested pursuant to Executive Order 9397. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. Information also may be transferred as a routine use to a duly authorized official engaged in investigation or settlement of a grievance, complaint, or appeal filed by an employee. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the position applied for or occupied, may affect your prospects for employment or continued employment under a government contract, or at a federal facility, or with a government license.</p> | | |
| <p>26. CERTIFICATION</p> | <p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES OF UP TO \$2000 AND IMPRISONMENT UP TO FIVE YEARS.</p> <p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p> | <p>Before signing this form, check back over it to make sure you have answered all questions fully and correctly.</p> <p>SIGNATURE</p> | <p>DATE</p> |